



PATIENT BILL

STATEMENT DATE

07/24/24

PATIENT'S NAME	HOSP. NO.	ACCOUNT NUMBER	PAYOR NO.	PERIOD COVERED BY THIS STATEMENT
KEIRANS MATTHEW	08	08175534 0294		

INDICATE PATIENT'S NAME, HOSPITAL NUMBER, ACCOUNT NUMBER, AND PAYOR NUMBER ON ALL INQUIRIES AND PAYMENTS

TRANSACTION MADE AFTER THIS DATE WILL
APPEAR ON YOUR NEXT STATEMENTCHECK THIS BOX IF PAYING THE FULL AMOUNT
STATED IN THE "PAY THIS AMOUNT" BOX ☐

PAY THIS AMOUNT

118,251.83

\$

BILL TO

MATTHEW KEIRANS

REMIT TO

Department of State Hospitals
Patient Cost Recovery Section
1600 Ninth Street, Room 150
Sacramento, CA 95814Make checks payable to:
Department of State Hospitals

IMPORTANT: DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR REMITTANCE TO ASSURE PROPER CREDIT.

PATIENT'S NAME	HOSP. NO.	ACCOUNT NUMBER	PAYOR NO.	ACCOUNT BALANCE	STATEMENT DATE	PAGE NO.
KIERANS MATTHEW	08	08175534 0294		118, 251.83	07/24/24	

TRANSACTION DATE	REFERENCE NUMBER	DESCRIPTION	INSURANCE PORTION	AMOUNT
		This bill is for the cost of care at Patton State Hospital from October 20, 2020- March 15, 2021.		

Account Balance
Last Statement 118, 251.83New Charges
AdjustmentsNew Payment
CreditsCurrent Account
Balance 118, 251.83Minimum
Payment Due 118,251.83THE BALANCE MAY NOT ACCURATELY REFLECT THE TOTAL AMOUNT
DUE AS ALL ADJUSTMENTS FOR THIS AMOUNT MAY NOT HAVE BEEN
APPLIED. FOR PAY OFF BALANCES AND BILLING QUESTIONS, PLEASE
SUBMIT YOUR REQUESTS TODSHSACTRUSTOFFICE@DSH.CA.GOV

PLEASE DIRECT NONBILLING QUESTIONS TO 916-651-1501.

Government
Exhibit
1
Case
23-CR-1020
SENT

LIABILITY FOR PAYMENT-

See California Welfare and Institutions Code, Sections 7275 and 7513

ACTUAL COST BALANCE-

Includes all outstanding charges. We may not be billing you the full amount of the outstanding charges due to our determination that you are presently unable to pay this amount. We reserve the right to bill all or any part of the outstanding charges at a later date. Such billing will be made only after you are notified and given the opportunity to respond within a reasonable period of time.

REPRESENTATIVE PAYEE, TRUSTEE, OR GUARDIAN/CONSERVATOR-

of the patient receiving services is liable only to the extent of the patient's assets under their control (see California Welfare and Institutions Code Section 7279 and California Probate Code Section 2404)

ESTIMATED INSURANCE PAYMENT-

as shown on your statement may not be the actual amount we will receive. You may be liable, as stated above, for any amount not paid by insurance.

NO INSURANCE SHOWN-

and you have not previously supplied us with insurance information, please send a completed insurance claim form. We will bill your insurance carrier as a convenience to you, and we urge you to follow up with your carrier for payment of the claim.